

RECEIVED

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OCD

State of Ohio
Office of Housing and Community Partnerships
Request for Payment and Status of Funds Report

Section One: Request for Payment

Submit to: Ohio Development Services Agency Office of Community Development P.O. Box 1001 Columbus, Ohio 43216-1001	Name and Address of Grantee: Coleman Professional Services 5982 Rhodes Road Kent, Ohio 44240
Contact Person/Telephone Number: Mary Dague, 330-676-8036	Community/Nonprofit # 7GJ
FTI Number: <div style="background-color: black; width: 100px; height: 20px;"></div>	Draw Number: 51 61
<div style="text-align: right;"> State Use Only Date: 3-6-15 Voucher #: 00285387 Warrant #: 0028545718 </div>	

Section Two: Itemization of Expenditures

Grant Number *	Activity Name *	Activity Nbr *	Enter the Housing Site Address (CDBG and HOME Funded Housing Activities Only)	Project Number (State Use Only)	Amount Requested	Approved Activity/Site Address Budget	Balance of Activity/Site Address Budget
S-L-14-7GJ-2	Homesless Prevention	01-01			50,605	202,421	151,816.00
	Rapid Rehousing	01-02			100,638	402,551	301,913.00
	Data Collection & Eval	01-04			3,132	12,528	9,396.00
	General Administration	01-05			8,125	32,500	24,375.00
Total Amount of This Draw:					\$162,500		

* NOTE: From the Attachment A of the Grant Agreement

Section Three: Certification of Itemization of Expenditures: Two Authorized Signatures Are Required

I certify that this Request for Payment was drawn in accordance with the terms and conditions of the Grant Agreement(s) cited and that the amount drawn is proper for payment to the drawer's depository. I also certify that the data reported above is correct and that the amount of the Request for Payment is not in excess of current needs.

Date: 2/6/15	Signature <i>Linda Wilson</i> ✓	Title Billing Supervisor
Date: 2/6/15	Countersignature <i>Mary Dague</i> ✓	Title Billing Coordinator

State Use Only

Approved:

Date:

DS5 (Rev. 6/04) DEV0072

DEVELOPMENT SERVICES AGENCY CODING TRAVELER

VOUCHER NO.	INVOICE NUMBER	LAST RECEIPT DATE	Prepared by:
	HCPN00617GJ	02/12/2015	
COLEMAN PROFESSIONAL SERV 5982 Rhodes Road Kent OH 44240-		OAKS VENDOR NO.	
		0000053123	
		ADD CODE	TOTAL AMOUNT
		02 - Check	+
			\$162,500.00

LN#	FUND	ACCOUNT	ALI	DEPT #	PROGRAM	GRANT/PROJ	SERVICE LOCATION	REPTING	PROJECT	CROSS REF	BUDGET REF
01	6460	550054	195638	DEV201100	4052C		C0067	DEVLHC1			
PURCHASE ORDER NO.						Line No				LINE AMOUNT	
0000023971						01-1-1	S-L-14-7GJ-2			+	\$162,500.00
02											
PURCHASE ORDER NO.						Line No				LINE AMOUNT	
										+	
03											
PURCHASE ORDER NO.						Line No				LINE AMOUNT	
										+	
04											
PURCHASE ORDER NO.						Line No				LINE AMOUNT	
										+	
05											
PURCHASE ORDER NO.						Line No				LINE AMOUNT	
										+	
06											
PURCHASE ORDER NO.						Line No				LINE AMOUNT	
										+	

PAYMENT HANDLING INSTRUCTIONS

☒ Return Warrant to Agency (If box is not checked warrant will be mailed centrally)

Payment Returns: ☐ Net 30 ☒ Pay Now (If a selection is not made the payment terms will default to Net 30)

Remittance Narrative: (70 Characters) Grant#, Invoice #, Account #

S-L-14-7GJ-2

Division Use: Approved for Payment

Fiscal Use: Approved for Payment

APPROVED FOR PAYMENT BY MADDIE FORRESTER

SIGNATURE/DATE

[Signature] 3/3/15

DATE

[Signature] 03/03/2015

Warrant Date: 03/06/2015 Vendor Number: 0000053123 Warrant No: 0028534711

Invoice Number	Voucher ID	Gross Amount	Discount Taken	Late Charge	Paid Amount
HCPN00617GJ	00285387	162500.00	0.00	0.00	162500.00

RETURN 194600021400106

Warrant Number	Date	Total Gross Amount	Total Discounts	Total Late Charges	Total Paid Amount
0028534711	03/06/2015	\$162,500.00	\$0.00	\$0.00	\$162,500.00

PLEASE TEAR AT PERFORATION BEFORE CASHING CHECK.

THIS IS OHIO WATERMARKED PAPER - DO NOT ACCEPT WITHOUT NOTING OHIO WATERMARK - HOLD TO LIGHT TO VERIFY OHIO WATERMARK

Development Services Agency
Budget & Finance
77 S. High Street 27th Floor
Columbus
(614)466-5355

OH 43215-6130 214

Date Fund Warrant No. 68 RA
03/06/2015 503 0028534711
25 - 217 / 440

Pay Amount \$162,500.00***

Pay

****ONE HUNDRED SIXTY-TWO THOUSAND FIVE HUNDRED AND 00/100 DOLLARS ****

To The
Order Of

COLEMAN PROFESSIONAL SERVICES INC

5982 RHODES RD
KENT, OH 44240

Timothy S. Keen

Timothy S. Keen, Director
Office of Budget Management

VOID AFTER 90 DAYS

001625000000 004002174503150385347110668